integrated working

NHS
West Suffolk
Clinical Commissioning Group

PAIN LADDER - NEUROPATHIC PAIN (except trigeminal neuralgia)

Guidance on analgesic choice for non-cancer neuropathic pain in adults in primary care[1,2,3]

Assessment and non pharmacological strategies

- Exclude red flags. Assess pain and impact: **DN4** & **BPS pain scales**
- Discuss benefits and risks of drug therapy, titration regimen and impairment to driving: **Patient medication leaflet**
- Agree realistic goals for treatment: 30-50% pain reduction and specific functional improvement/improvement in sleep
- Discuss **non pharmacological strategies** and provide **signposting information**

Refer at any stage including initial presentation if pain severe, pain significantly limits daily activities/sleep, underlying health condition deteriorates or significant distress - refer to West Suffolk Pain Services Single Point of Access and/or condition specific service

STEP 1

Prescribe	Starting dose	Increment	Trial	Discontinuation
Amitriptyline	10 mg oral nocte	Titrate weekly to an effective dose or max tolerated dose of ≤ 75 mg oral nocte	6-8 weeks with at least 2 weeks at max tolerated dose	< 8 weeks treatment withdrawal effects unlikely ≥ 8 weeks wean off over at least 4 weeks

Contra-indicated, ineffective or not tolerated

STEP 2

Prescribe	Slow titration**	Fast titration	Trial	Discontinuation
Gabapentin: Potential for dependence, abuse and diversion, and risk of CNS depression, including severe respiratory depression[4] STOP: Amitriptyline	**Initiate:** 100 mg oral nocte **Increase:** by 100 mg every 1-7 days to max dose 600 mg tds	**Initiate:** 300 mg oral nocte **Increase:** by 300 mg daily/every 2-3 days to max dose 600 mg tds	3-8 weeks with at least 2 weeks at max tolerated dose	Reduce dose by maximum rate of 300 mg every 4 days

Contra-indicated, ineffective or not tolerated

STEP 3

Prescribe	Starting dose	Increment	Trial	Discontinuation
Duloxetine **STOP: Gabapentin, and withdraw SSRI or TCA if taking**	20-30 mg oral daily	- Increase to 60 mg daily when gabapentin dose is at least halved - If partial response titrate up to a max of 60 mg bd - After 8 weeks review efficacy. If ineffective **STOP**	8 weeks	Over at least 1-2 weeks

Contra-indicated, ineffective or not tolerated

Review diagnosis and treatment plan and refer to West Suffolk Pain Services Single Point of Access and/or condition specific service

KEY MESSAGES

****Slow titration:** elderly/frail or adverse effects with higher doses.

Further prescribing information

Seek advice on dose adjustment before prescribing to patients with renal or hepatic impairment.

Tramadol: oral, 50-100 mg 4-hourly, max dose in 24 hrs is 400 mg. Only use if acute rescue therapy required and not on other opioid. Long-term use only on advice of West Suffolk Pain Services.

Pregabalin: on advice from West Suffolk Pain Services.

Capsaicin 0.075% cream: use sparingly up to 3-4 times daily, not more often than every 4 hours for localised pain if oral treatments unsuitable.

Lidocaine 5% medicated plasters: only for patients with post herpetic neuralgia where alternative treatment has proved ineffective or is contraindicated.[5] All off label prescribing to be initiated only by West Suffolk Integrated Pain Management Service. Out of Hours initiation by the WSFT Anaesthetic Services is permissible provided that the WSIPMS is informed and the WSIPMS sends a management and review plan to the GP.[6]

Carbamazepine: only for trigeminal neuralgia.

Further information **NICE CKS** or **SPC**

Once dose and symptoms are stable, and no additional clinical concerns, review 3-6 monthly.

*This guidance recommends certain drugs for indications for which there is no UK marketing authorisation. The prescriber should follow relevant professional guidance, provide **patient information** and take full responsibility for the decision. Informed consent should be documented.*

References: [1] NICE Clinical Guideline 173: Neuropathic pain - pharmacological management (November 2013 updated Feb 2017); [2] Clinical Knowledge Summaries. Neuropathic pain - drug treatment (Last revised June 2015); [3] PrescQIPP Bulletin 119. Neuropathic pain. Pregabalin and gabapentin prescribing (January 2016). [4] MHRA (26 October 2017) Gabapentin: risk of severe respiratory depression; [5] NHS England (2017) Items that should not routinely be prescribed in primary care: Guidance for CCGs; [6] Lidocaine 5% Medicated Plasters - Guidance for non-cancer pain in adults (WSCCG version 1, May 2019)

Produced by the WSCCG Medicines Management Team and West Suffolk Pain Services.

Version 1.4 January 2020.
Review date December 2020.